

Name in Full		Bealfield Howard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Woodstock</i>		Town		County		MARYLAND
	Date of death 190 3	Month <i>Oct.</i>	Day <i>14</i>	Age <i>24</i>	Years	Months	
	Sex <i>male</i>		Color or Race <i>white</i>		Birth- place		
	Married, Single or Widowed <i>Single</i>		Occupation <i>breakman</i>				
	Name of Wife or Husband						
	Father's Name <i>H Bealfield</i>		<i>166</i>		Father's Birthplace <i>Germany</i>		
	Mother's Maiden Name <i>C</i>		Mother's Birthplace <i>Germany</i>				
Name of person giving In formation		How related to deceased <i>C</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate <i>Killed by Rail Road B &amp; O.</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Bernard H. Wallenhorn, J.P.</i>		
					Address <i>Acting Coroner</i>		
Accident or Suicide? <i>Accident</i>							

(100-100000) (100000)

*Rosetta Blackston*

Town

County

Died at *Dorsey P.O.**Howard*

MARYLAND

Date 19*03*    *Oct.*    *14*    Age *3-10-7*    Native of *Md.*    Occupation *—*

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name*Alfred Blackston*Mother's  
Maiden Name*Mary Hawkins*

Cause of

Primary *Measles*

How long sick

*6 months*

Death

Immediate *Acute Pul. Tuberculosis*~~Accident, Suicide, Homicide~~

Reported by

*Wm. R. Eareckson*

Address

*Elk Ridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Thomas J. Costley

Died at *Elliecott* <sup>Town</sup> *City**Howard* <sup>County</sup>

MARYLAND

Date  
of death 1903Month  
*Oct.*Day  
*6<sup>th</sup>*

Age

Years  
*43*Months  
*5*Days  
*—*

Sex

*male*Color or  
Race*colored*Birth-  
place*Mount Pleasant*Married, Single  
or Widowed*single*

Occupation

*Doctor*Name of Wife or  
HusbandFather's  
Name*Wm Costley**166.*Father's  
Birthplace*don't know*Mother's  
Maiden Name*Julia Woodyard*Mother's  
Birthplace*don't know*Name of person giving  
In formation*Rachel Paul*How related  
to deceased*not related*

## CAUSES OF DEATH

Primary

How long

Immediate

*Killed by B & O. R. Road train.*

How long

Are the name, age, sex, color, date  
end place correctly given above?*yes*Signature of  
Physician*Bernard H. Wallenhorst*

Address

*Elliecott City,  
Md.*

Accident or Suicide?

*Accident*PHYSICIAN  
OR CORONER



Name

in Full

Saml. K. Dashiell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Jessups</i>		County <i>Howard</i>		MARYLAND	
Date of death 190		3	Month 10	Day 1	Age	Years 60	Months 11
Sex		man		Color or Race		white	
Married, Single or Widowed		married		Occupation		Real Estate Agent	
Name of Wife or Husband		Ellen M. Dashiell					
Father's Name		Benj. Jones Dashiell				Father's Birthplace	
Mother's Maiden Name		Ellen W. Ker				Mother's Birthplace	
Name of person giving information		H. C. Phillips				How related to deceased	
		154				nephew	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of Age</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		<i>W. H. Harrison M.D.</i>
		Address
		<i>Savage</i>
		<i>M.D.</i>
Accident or Suicide?	<i>Neither</i>	





Name  
in  
Full

Margaret Catherine Fennell

## CERTIFICATE OF DEATH

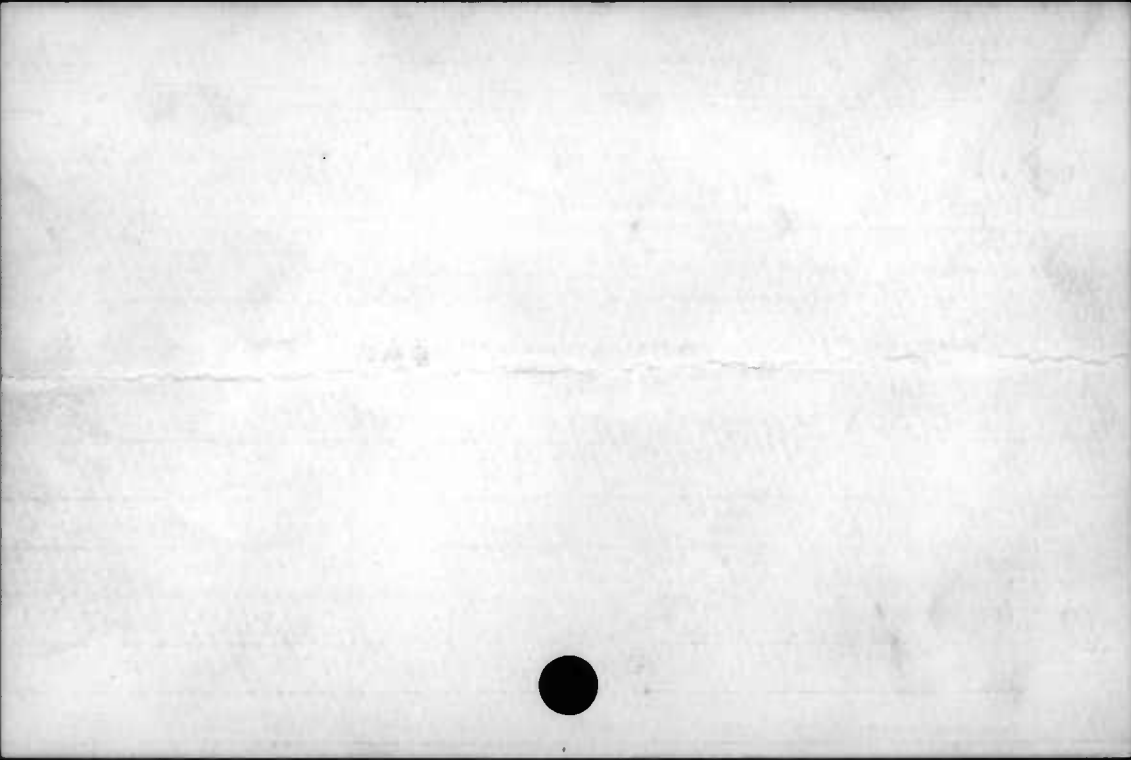
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North Laurel</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Oct.</i>	Day <i>30<sup>th</sup></i>	Years <i>16</i>	Months <i>8</i>	Days <i>15</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Chicago Ills</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>school girl</i>			
Name of Wife or Husband _____					
Father's Name <i>William P. Fennell</i>			Father's Birthplace <i>Stafford Co. Va</i>		
Mother's Maiden Name <i>Sarah McEagher</i>			Mother's Birthplace <i>Montreal Canada</i>		
Name of person giving information <i>father Wm P. Fennell</i>			How related to deceased <i>father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. H. Ryerly</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name  
In Full

Emma Goier

## CERTIFICATE OF DEATH

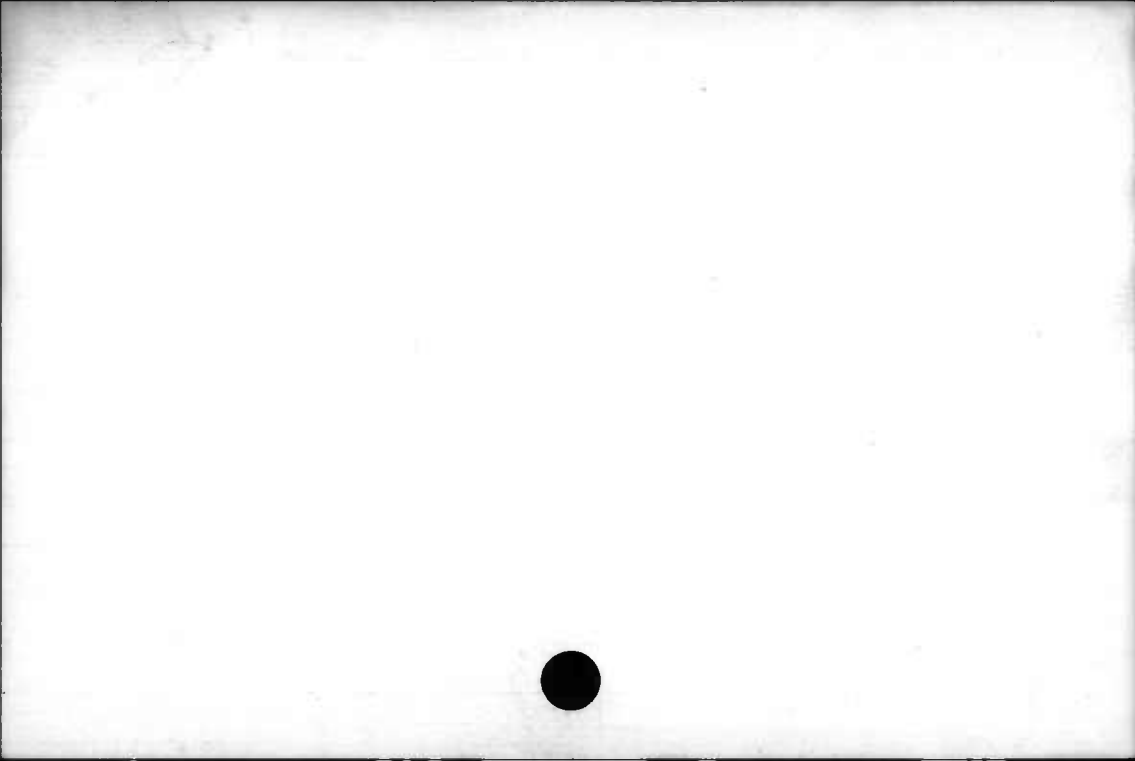
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carroll's Manor</i> <sup>Town</sup>		County <i>Hauard</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Oct</i>	Day <i>15</i>	Years <i>16</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>school girl</i>		
Name of Wife or Husband <i>John Goier</i>					
Father's Name <i>John Goier</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Goier</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Rebecca Goier</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>Two months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Hilton Easton</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

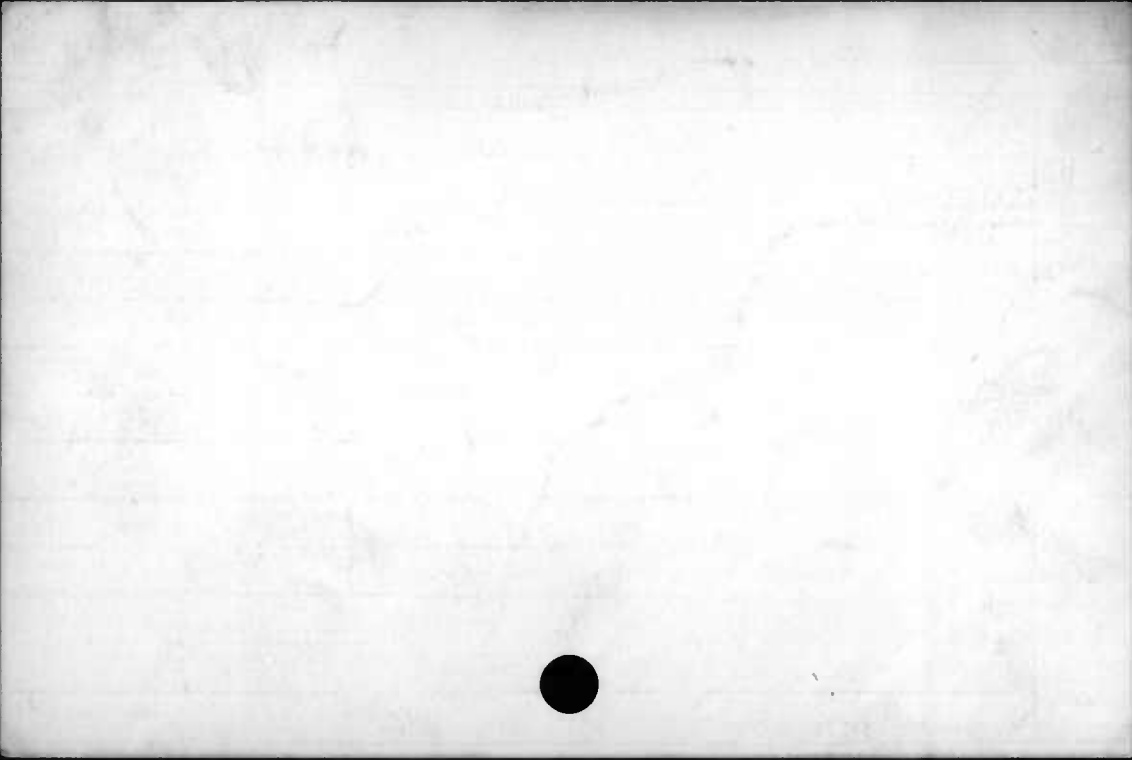
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>James Kelley</i>		Town <i>Chatham</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Chatham</i>		Month <i>Oct</i>		Day <i>10</i>		Years <i>—</i>	
Date of death 190 <i>3</i>		Month <i>Oct</i>		Day <i>10</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth- place <i>Maryland</i>		Months <i>5</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>		Days <i>—</i>		Days <i>—</i>	
Name of Wife or Husband <i>—</i>							
Father's Name <i>Albert Kelley</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rachel Hardy</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mother</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Bissell</i>
<i>reported by —</i>	Address <i>Milton Easton</i>
Accident or Suicide?	<i>Underaker Elliott City</i>



Name  
in  
Full

John Martin

CERTIFICATE OF DEATH

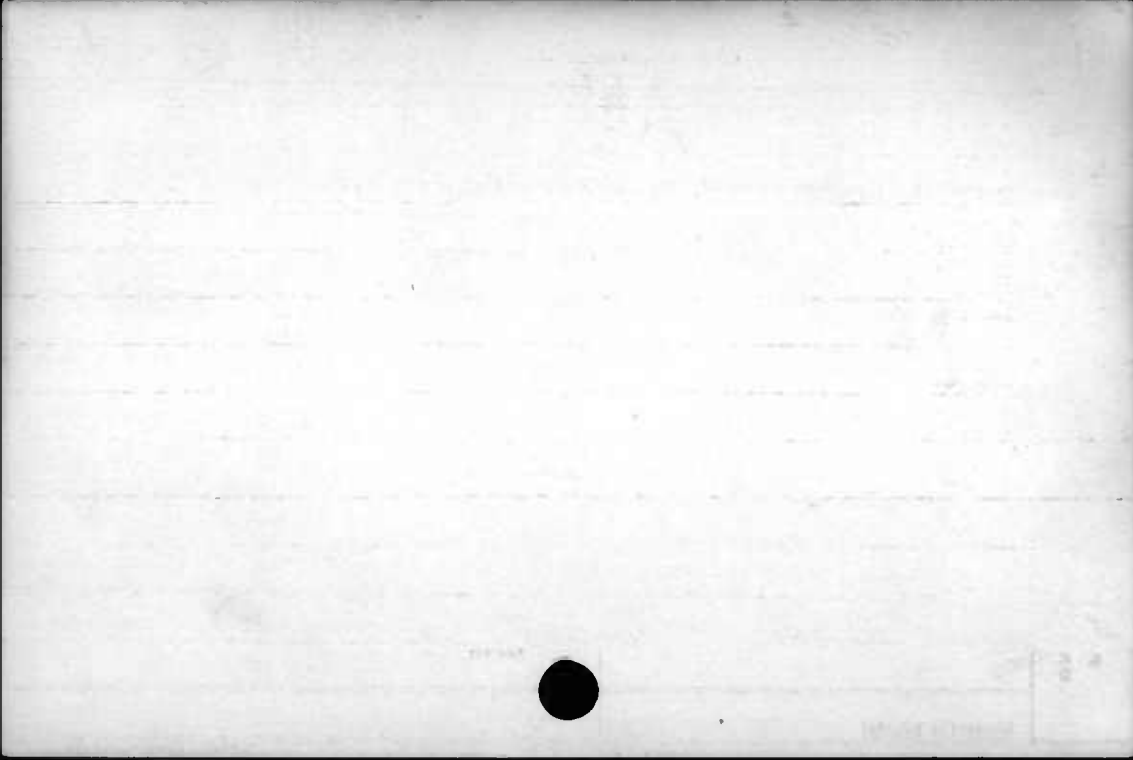
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Elkridge</b> <small>Town</small>			<b>Howard</b> <small>County</small>			<b>MARYLAND</b>		
Date of death 190 <b>3</b>		Month <b>Oct</b>	Day <b>11</b>	Age <b>81</b>		Months		Days
Sex <b>Male</b>			Color or Race <b>White</b>		Birth-place <b>Annapolis</b> <b>Anna Grand Co</b>			
Married, Single or Widowed <b>widower</b>				Occupation <b>Farmer</b>				
Name of Wife or Husband								
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving Information <b>J. T. Martin</b>						How related to deceased <b>Son</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Senile Gangrene</b>	How long	<b>Three months</b>
Immediate	<b>Senile Gangrene</b>	How long	<b>Three months</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Arthur Williams</b>	
		Address <b>Elkridge Howard Co Md</b>	
Accident or Suicide? <b>No</b>			





Name in Full

Certificate of Death

Victoria Elizabeth Nabb

Town

County

Died at *near Elk Ridge**Howard*

MARYLAND

Date 1903 *October 8* | Month *October* | Day *8* | Y. *64* | M. *—* | D. *—* | Native of *Md* | Occupation *—*

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~Husband of *—*

Wife

Father's Name *George Nabb*Mother's Maiden Name *Elizabeth Wilkins*Cause of *Primary Chr. Interstitial Nephritis*How long sick *about 5 years -*Death *Immediate Uremia*~~Accident, Suicide, Homicide~~Reported by *Wm. R. Eareckson,*Address *Elk Ridge, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

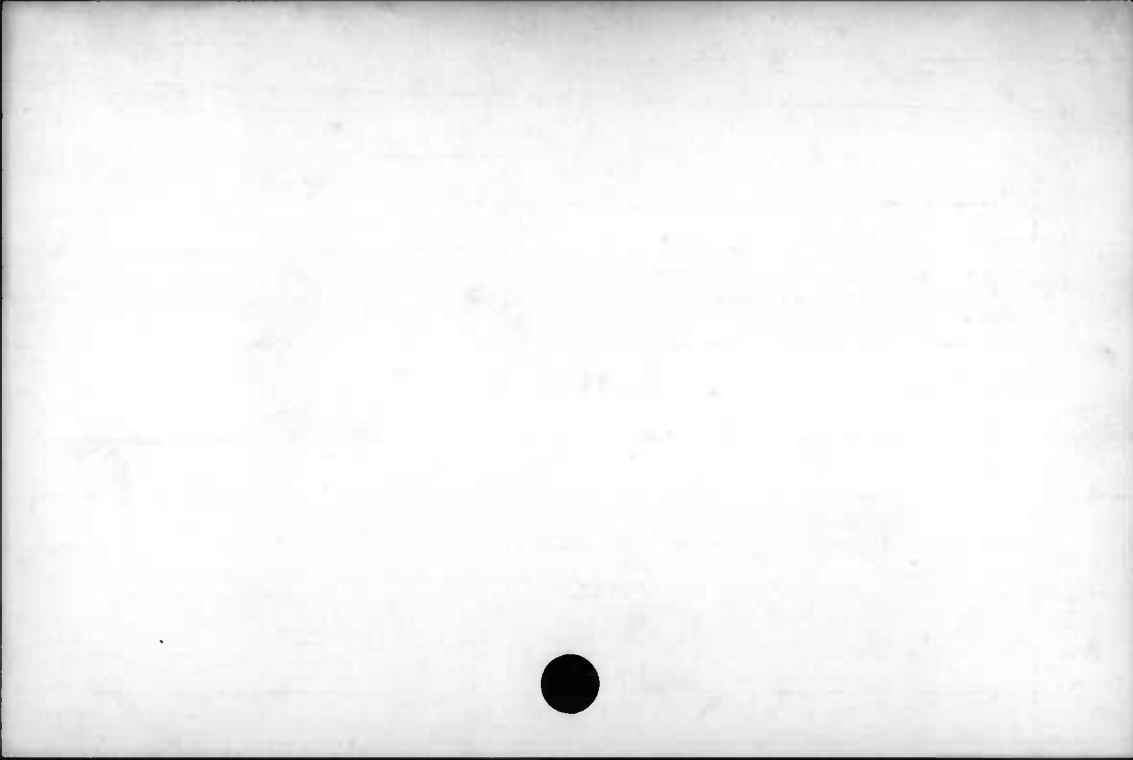
LIBRARY BUPEAU, 79899



# CERTIFICATE OF DEATH



Name in Full <b>John R Porter</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Oella</b> Town		<b>Howard</b> County
	Date of death 1903 <b>October</b> Month		<b>19</b> Day
	Age <b>17</b> Years		Months <b>—</b> Days <b>—</b>
	Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>Carroll County</b>
	Married, Single or Widowed <b>single</b>	Occupation <b>laborer</b>	
	Name of Wife or Husband		
	Father's Name <b>Archibald Porter</b>	<b>166</b>	Father's Birthplace <b>Carroll County</b>
Mother's Maiden Name	Mother's Birthplace <b>Carroll County</b>		
Name of person giving information <b>Agent of the B &amp; O. Rail Road Co.</b>	How related to deceased <b>not related</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate <b>Killed by freight train on B &amp; O. R.R.</b>		How long <b>instant</b>
	Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Bernard H. Wallenhorst J.P.</b>
			Address <b>Edlicott City</b>
	Accident or Suicide? <b>Accident</b>		<b>Maryland.</b>



Name In Full

Certificate of Death

Caroline Ridgely

Died at *Mont view* Town *Stowom* County *MARYLAND*Date 19 *03* Month *Oct* Day *8* Y. *one* M. *3* D. *3* Native of *MD* Occupation *Infant child of George W. K. Ridgely*

<del>Male</del>	White	Married	Widow	Divorced	Number of children living
Female	<del>Colored</del>	Single	Widower		

Husband of *Infant child of George W. K. Ridgely*  
 Wife of *Geo W. K. Ridgely*  
 Father's Name *Geo W. K. Ridgely* Mother's Name *Florence G Oliver*  
 Maiden Name *Florence G Oliver*

Cause of Death { Primary *Ches. Colitis* How long sick *2 weeks*  
 Immediate *meningitis* Accident, Suicide, Homicide

Reported by *Daniel B. Sprecher M.D.*  
 Address *Sykesville Md*

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name  
in  
Full

Kazee V. Smallwood

## CERTIFICATE OF DEATH

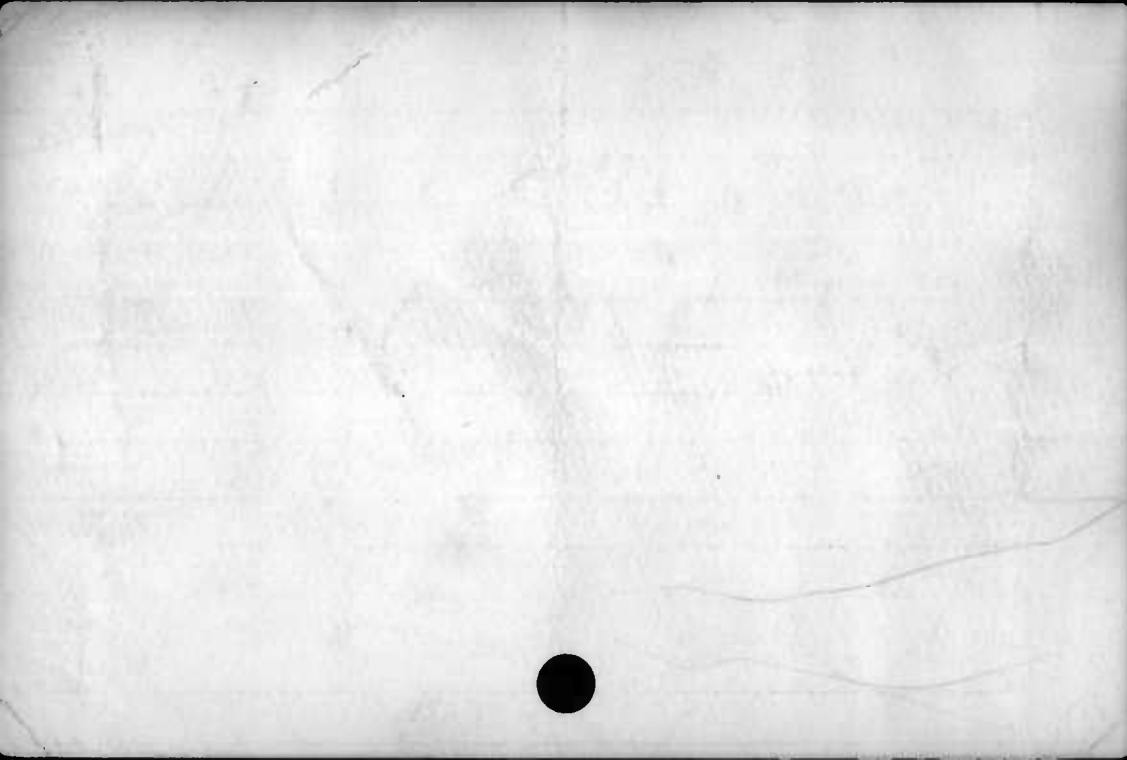
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fuller</i> Town			<i>Kennard</i> County			MARYLAND	
Date of death 1903	Month <i>10</i>	Day <i>23</i>	Age <i>7</i>	Years	Months <i>9</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>H. H. Smallwood</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>May Brainerd</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mr. H. H. Smallwood</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>11 days</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. M. L. Cissel</i>
	Address <i>Highland, Md.</i>
Accident or Suicide?	



David A. Warner

Died at *Near Shaversville* Town *Howard* County *MARYLAND*

Date 19*03* *Oct.* *12* Month Day Y. M. D. Age *95* Native of *Maryland.* Occupation *Farmer*

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
 Female Colored ~~Single~~ Widower Number of children living *9*

Husband of *Clancy Warner*

Father's Name Mother's Maiden Name

Cause of Death { Primary *Old age* Immediate *Asthma* } *154* How long sick *6 weeks*  
 Accident, Suicide, Homicide

Reported by *L. E. Brownwell M.D.*

Address *Mt. Airy* *Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harriett Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND			
Date of death	1903	Month Oct	6	Age Years	—	Months	—	Days	3
Sex	Female		Color or Race	Col.		Birth- place	Md		
Occupation	_____			Where Residing if not at place of death					
Married, Single or Widowed	_____		Name of Wife or Husband						
Father's Name	John Williams					Father's Birthplace	Md		
Mother's Maiden Name	Grace Nelson					Mother's Birthplace	Md		
Name of person giving Information	John Williams Jr.					How related to deceased	Brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate	Congenital heart deficiency & closure of valves 3 days	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician
		William E. Hodges
		Address
		Ellicott City Md.
Accident or Suicide?		

